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# NOTICE OF ALLOWANCE AND FEE(S) DUE

004372

7590

02/09/2005

ARENT FOX KINTNER PLOTKIN & KAHN 1050 CONNECTICUT AVENUE, N.W. SUITE 400 WASHINGTON, DC 20036 EXAMINER
MARKHAM, WESLEY D

PAPER NUMBER

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**DATE MAILED: 02/09/2005** 

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/926,173      | 09/18/2001  | Hideki Munakata      | P107242-00021       | 9025             |

TITLE OF INVENTION: WAFER CONTAINER AND DUSTING PREVENTION METHOD THEREOF AND METHOD FOR CONTAINING WAFER

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 05/09/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

| Complete and send t                                                                                                                                                                                                                                                                                                                                                    | his form, together wi                                                                                                                       | th applicable f                                                                          | ee(s), to: <u>Mai</u>                                                                                                                                                                                              | Commissioner f<br>P.O. Box 1450                                                                                                               | E FEE<br>or Patents<br>ginia 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             | <del></del>                                                                              | or <u>Fa</u>                                                                                                                                                                                                       |                                                                                                                                               | gilla 22313-1430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |  |  |
| appropriate. All further cor                                                                                                                                                                                                                                                                                                                                           | respondence including the<br>below or directed otherwise                                                                                    | Patent, advance or                                                                       | rders and notification                                                                                                                                                                                             | BLICATION FEE (if requation of maintenance fees                                                                                               | uired). Blocks_1 through 5-s<br>will be mailed to the current<br>s; and/or_(b) indicating a sepa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | .correspondence address as                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        | E ADDRESS (Note: Use Block 1 for                                                                                                            | any change of address)                                                                   |                                                                                                                                                                                                                    | napers. Each addition                                                                                                                         | f mailing can only be used fi<br>his certificate cannot be used<br>all paper, such as an assignmente<br>of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, mus                                                           |  |  |
| ARENT FOX KI                                                                                                                                                                                                                                                                                                                                                           | NTNER PLOTKIN<br>CUT AVENUE, N.W.                                                                                                           | & KAHN                                                                                   |                                                                                                                                                                                                                    | Co                                                                                                                                            | ertificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the control of | smission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimiled<br>date indicated below.                    |  |  |
| W1101111101011, 1                                                                                                                                                                                                                                                                                                                                                      | JC 20030                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                                            |  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                                                                 |                                                                                          | FIRST NAMED IN                                                                                                                                                                                                     | VENTOR                                                                                                                                        | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                                                  |  |  |
| 09/926,173                                                                                                                                                                                                                                                                                                                                                             | 09/18/2001                                                                                                                                  |                                                                                          | Hideki Mun                                                                                                                                                                                                         | akata                                                                                                                                         | P107242-00021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9025                                                                                                                                              |  |  |
| ·                                                                                                                                                                                                                                                                                                                                                                      | AFER CONTAINER AND                                                                                                                          | DUSTING PREV                                                                             | ENTION METH                                                                                                                                                                                                        | OD THEREOF AND MET                                                                                                                            | HOD FOR CONTAINING W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /AFER                                                                                                                                             |  |  |
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| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                                | ISSUE F                                                                                  | EE                                                                                                                                                                                                                 | PUBLICATION FEE                                                                                                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                                          |  |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                                          | \$1400                                                                                   | 0                                                                                                                                                                                                                  | \$300                                                                                                                                         | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 05/09/2005                                                                                                                                        |  |  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                   | IINER                                                                                                                                       | ART UNIT                                                                                 |                                                                                                                                                                                                                    | CLASS-SUBCLASS                                                                                                                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                   |  |  |
| MARKHAM                                                                                                                                                                                                                                                                                                                                                                | , WESLEY D                                                                                                                                  | 1762                                                                                     |                                                                                                                                                                                                                    | 427-354000                                                                                                                                    | _J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                                             |                                                                                          | registered attorney or agent) and the names of up to                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                   | RESIDENCE DATA TO E                                                                                                                         | E PRINTED ON T                                                                           | THE PATENT (p                                                                                                                                                                                                      | rint or type)                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                                                                                                                        | an assignee is identified b<br>37 CFR 3.11. Completion                                                                                      | elow, no assignee<br>of this form is NO                                                  | data will appear<br>T a substitute for                                                                                                                                                                             | on the patent. If an assig                                                                                                                    | nee is identified below, the c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | locument has been filed for                                                                                                                       |  |  |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                           |                                                                                          |                                                                                                                                                                                                                    | (CITY and STATE OR CO                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| Please check the appropriate                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             | ·                                                                                        |                                                                                                                                                                                                                    |                                                                                                                                               | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity 🚨 Government                                                                                                                           |  |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                           | enclosed:                                                                                                                                   | 4b                                                                                       | 4b. Payment of Fee(s):                                                                                                                                                                                             |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        | Issue Fee                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                    | A check in the amount of the fee(s) is enclosed.                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies                                                                                                                                                                                                                                                                                      |                                                                                                                                             |                                                                                          | ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                   | Copies                                                                                                                                      |                                                                                          | Deposit Accoun                                                                                                                                                                                                     | it Number                                                                                                                                     | charge the required fee(s), or (enclose an extra c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | credit any overpayment, to copy of this form).                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        | MALL ENTITY status. See                                                                                                                     | 37 CFR 1.27.                                                                             |                                                                                                                                                                                                                    |                                                                                                                                               | ALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |  |  |
| The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                                                                                                                                                                                                      | is requested to apply the Iss<br>ublication Fee (if required) vords of the United States Pat                                                | ue Fee and Publica<br>will not be accepted<br>ent and Trademark                          | tion Fee (if any) of<br>d from anyone otle<br>Office.                                                                                                                                                              | or to re-apply any previous<br>her than the applicant; a re                                                                                   | sly paid issue fee to the applications of the strength of the  | ation identified above.<br>he assignee or other party in                                                                                          |  |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                              | Date                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        | Typed or printed name                                                                                                                       |                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |  |
| This collection of informatic<br>an application. Confidentiali<br>submitting the completed ap-<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313-                                                                                                                                                                           | on is required by 37 CFR 1.3 ty is governed by 35 U.S.C pplication form to the USPT for reducing this burden, s in 122313-1450. DO NOT 1450 | 11. The information 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR O | on is required to on 1.14. This collect depending upon the Chief Information COMPLETED FOR                                                                                                                         | obtain or retain a benefit by<br>tion is estimated to take 12<br>the individual case. Any con Officer, U.S. Patent and<br>ORMS TO THIS ADDRES | the public which is to file (an<br>minutes to complete, including<br>comments on the amount of the<br>d Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d by the USPTO to process<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O<br>for Patents, P.O. Box 1450 |  |  |

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### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

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| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                    | CONFIRMATION NO. |  |
| 09/926,173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09/18/2001                       | Hideki Munakata                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P107242-00021                          | 9025             |  |
| 004372 7590 02/09/2005 EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTNER PLOTKIN & CUT AVENUE, N.W. | MARKHAM, WESLEY D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                  |  |
| SUITE 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COI AVENUE, N.W.                 | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAPER NUMBER                           |                  |  |
| WASHINGTON, DC 20036                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1762<br>DATE MAILED: 02/09/2005        |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 354 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 354 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.